



# AH LIM MOTOR COMPANY

No. 10 Ang Mo Kio Ind. Park 2A #01-09 AMK Autopoint Singapore 568047  
TEL: 6483 1244 ( 4 lines ) FAX: 6483 6170 Email: ahlmmc@singnet.com.sg  
GST:M9-0009639-E RCB NO:06470300B

**SURVEYOR COPY**

M/S : HE WEIQING DAWN  
BLK 615A EDGEFIELD PLAINS #16-331

SINGAPORE 821615

ATTN:

Estimate No: MC1901673  
Date: 05 Jan 2021  
Policy No: PNPV2019-00000672-01  
Veh Reg No: SKH7062C  
Make/Model: VOLKSWAGEN  
TOURAN 1.4 TSI AT  
1T32B4

Your Ref No: -  
Claim Type: Third Party  
Accident Date: 05/01/2021  
TP Veh Reg No: SJM8815B

*Not Authorised  
L1 Rep &  
Resurvey After Paint 4 days*

## Estimate Repair Cost to Vehicle No :SKH7062C

Description	Quantity	List Price	Amount
		<u>S\$</u>	<u>S\$</u>
<b>SPARE PARTS</b>			
1 FRONT FENDER RH	1 PC	608.45	X
2 FRONT FENDER COWLING RH	1 PC	170.15	X
3 FRONT FENDER COWLING CLIPS	1 PC	2.50	X
4 FRONT BUMPER	1 PC	1,056.95	✓
5 FRONT BUMPER SIDE RETAINER RH	1 PC	69.85	?
6 FRONT BUMPER CLIPS	12 PC	30.00	✓
7 HEADLAMP RH WITH LOWER BEAM	1 PC	627.05	2
8 FRONT WHEEL BEARING RH WITH HUB	1 PC	491.60	?
9 SPORT RIM RHF	1 PC	1,209.95	✓
		4,266.50	
	Less 0%	426.65	3,839.85
<b>Special Nett</b>			
10 TYRE RHF -CHECK PRICE	1 PC	0.0000	X
		0.00	0.00
<b>LABOUR</b>			
11 TO DISCONNECT AND CHECK ELECTRICAL WIRING, WIRE SOCKETS AND ETC. TO REMOVE AND REINSTALL DAMAGED ELECTRICAL UNITS, TEST AND RECTIFY FOR PROPER FUNCTIONING.	1 PC	40.00	2d
12 TO CHECK AND RE-ADJUST WHEEL ALIGNMENT.	1 PC	80.00	6d
13 TO DISMANTLE, REPLACE AND REINSTALL UNDERCARRIAGE.	1 PC	60.00	?
14 LABOUR TO RESET ENGINE MANAGEMENT SYSTEM WITH DIAGNOSTIC FAULT	1 PC	120.00	?
15 TO SPRAY ANTI-RUST COATING ON AFFECTED AREAS.	1 PC	60.00	X
16 TO DISMANTLE ALL DAMAGED PARTS. TO KNOCK & REPAIR FRONT INNER PANELS AND AFFECTED AREAS. TO REFIT LISTED PARTS BACK SAME.	1 PC	500.00	400d
17 TO SPRAY FRONT FENDER RH, FRONT BUMPER	1 PC	500.00	400d
		1,360.00	1,360.00

LKK Auto Consultants hence notify the Repairer of the following:  
• To resurvey before/after spray painting  
• To display damaged part(s) during resurvey  
• Parts prices are subject to confirmation  
• Third party survey is on a "Without Prejudice" basis  
• No illegal modification(s) is allowed  
• Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer  
Signature:



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date of Submission	05/01/2021 13:56 (SGT)
Date of Accident	05/01/2021 07:20 (SGT)
Exact Location of Accident	Edgefield Plains, Singapore
Additional Location Information	EDGEFIELD PLAINS
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH7062C
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	HE WEIQING DAWN
NRIC No	SXXXX941J
Email Address	SGN1973D@GMAIL.COM
Mobile Phone No	(Phone) +65-90909556
Alternative Phone No	+65-96980277

### VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	TOURAN 1.4 TSI AT 1T32B4
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car

### INSURANCE COMPANY

Name of Insurance Company	FWD
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	PNPV2019-00000672-01
Cover Note Number	08/01/2020 - 07/01/2021

### DRIVER

Name of Driver	FONG CHE KIN, KENRICK
NRIC No	SXXXX581D
Date Of Birth	18/01/1979
Occupation	Indoor

2-C625

Date Of Driving Pass	11/07/1998
Driving experience	22 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96980277
Alt. Phone Number	-
Email Address	STORMKEAL@HOTMAIL.COM
Address	BLK 615A EDGEFIELD PLAINS #16-331
Address complement	-
Postcode	821615
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Change/cross lane
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	DAWN HE
Gender	Female

#### PASSENGER 2

Name	KYLIVIAN FONG
Gender	Female

#### PASSENGER 3

Name	KYVEN FONG
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO THE ATTACHED SKETCH PLAN BY DRIVER.

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

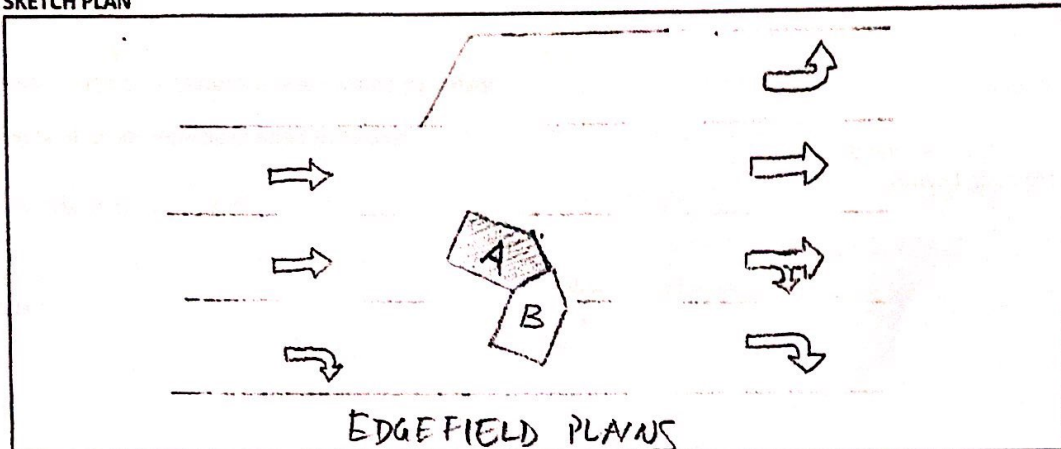
#### DETAILS OF OTHER VEHICLE PROPERTY 1



SKETCH PLAN

Date of accident: 05 JAN 2021 Time: 0720 HRS Location: EDGEFIELD PLAINS  
My Vehicle A: SKH 7062 C Vehicle B: SJM 8815 B Vehicle C: \_\_\_\_\_

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

1. ACCIDENT OCCURRED AT 0720HRS / 05 JAN 2021 ALONG EDGEFIELD PLAINS
2. TURNING OUT OF ESTATE, IT OPENS INTO TWO LANES. MY CAR TOOK THE LEFT LANE FIRST.
3. WITH SIGNAL LIGHT ON INDICATING TO MOVE INTO RIGHT LANE. THERE IS ANOTHER CAR WITH LEFT SIGNAL IN THE INNER MOST RIGHT, WANTING TO MOVE OUT INTO MY LANE.
4. MY CAR ~~KEPT~~ SLOWED DOWN A LITTLE & WHEN I NOTICED THIS CAR SHOWED NO FURTHER ACTION TO LEAVE ITS LANE. I CONTINUED MY DRIVE DOWN MY LANE.
5. THERE WAS NIL INDICATION THAT VEHICLE B (SJM 8815 B) HAD ANY INTENTIONS ~~INDICATION~~ TO SWITCH LANE.
6. UPON NOTICING VEHICLE B ABRUPT TURNING OUT ~~OUT~~ FROM THE INNER MOST RIGHT TURNING LANE, I APPLIED THE BRAKE BUT TOO LATE TO AVOID THE COLLISION.

- Veh B: N20 Wheel Hub / 57610314C  
Up: 9878 8815

☒ Claim OD/TP at Ah Lim Motor ☐ Claim C/P at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop :

Email address :

& myself :

Email address :

Note: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own Insurer for more information.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 05/01/2021

1021 HRS

Driver's Signature

(If driver is not the policyholder)

Date & Time: 05 JAN 2021

0951 HRS

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

AH LIM MOTOR COMPANY